



**DEPARTMENT OF HUMAN RESOURCES**  
**SENIOR & DISABLED SERVICES DIVISION**  
**500 Summer Street NE**  
**Salem, Oregon 97310-1015**  
**Phone: (503) 945-5811**

**AUTHORIZED BY:** \_\_\_\_\_

**SDSD Administrator/Deputy/  
Assistant Administrator**

**INFORMATION MEMORANDUM**

**SDSD-IM-00-37**

**Date: March 21, 2000**

**TO:** Area Agencies on Aging  
SDSD Multiple Services and Disability Services Offices

**SUBJECT:** Best Friends Approach to Alzheimer's Care  
Second Round of Master Trainers

**INFORMATION:**

In April 1999 the Division launched The Best Friends Initiative which is a statewide dementia training curriculum for direct caregivers. This initiative is based on the work of Virginia Bell and David Troxel as described in their book ***The Best Friends Approach to Alzheimer's Care.***

During this second round we are asking local office managers to help identify dementia experts in your local communities. Applications may come from local staff or other persons in the community. Master trainer qualifications are described in the attached application. **All applicants will need to receive a letter of support from the local office.** A prototype of this letter is attached which you can modify or use as is. **Completed applications, accompanied with the support letter and a resume, are due by April 7, 2000.**

Ms. Bell and Mr. Troxel with Joanne Rader will instruct the second group of master trainers at a three day seminar, Monday, Tuesday, and Wednesday, May 8, 9, and 10, 2000, at the Airport Sheraton Hotel, Portland, Oregon. In order to receive a certificate of completion, potential master trainers are asked to attend all three days. The new group of Master Trainers will consist of no more than 30 persons.

Attachments (2)

**CONTACT PERSON:** Rita Litwiller, SDSD, Alzheimer's Demonstration Project

**CONTACT NUMBER:** (503) 945-6405

**FAX NUMBER:** (503) 378-8966

Master Trainer  
**APPLICATION**  
*The Best Friends Approach to Alzheimer's Care*  
An Oregon Initiative

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**QUALIFICATIONS:**

1. Experience and ability teaching adults.
2. A background working with persons who have Alzheimer's disease, other dementia and/or their caregivers.
3. Open-minded and willing to embrace the concepts of the Best Friends approach.
4. A letter of recommendation from the local SDSO or Area Agency on Aging (AAA) manager which will be attached to the application.
5. A year long commitment to provide Best Friends training in your local community.

**COMMITMENT:**

1. Adherence to the core curriculum developed by Virginia Bell and David Troxel in cooperation with the Senior and Disabled Services Division.
2. If applicant is outside the SDSO/AAA system, must be willing to work in partnership with local office staff.
3. Conduct a negotiated number of Best Friends training sessions for a one year period beginning June 2000.
4. Attend follow-up informational meetings which will be scheduled as needed.

**The next Best Friends Master Trainer Seminar is scheduled for Monday, Tuesday, and Wednesday, May 8, 9, and 10, 2000, Airport Sheraton Hotel, Portland, Oregon.**

**APPLICATION PROCESS:** Submit the attached completed application by 04/07/00 to:

Linda Nickolisen, Training Coordinator, Quality Resource Team  
Senior and Disabled Services Division  
500 Summer St. NE, 2nd floor  
Salem, OR 97310-1015  
(503) 945-6807 or (800) 232-3020  
FAX (503) 378-8966

Name\_\_\_\_\_

Organization\_\_\_\_\_

Address \_\_\_\_\_

Phone #

E-mail \_\_\_\_\_

Fax# \_\_\_\_\_

1. Briefly describe your experience teaching adults.
2. Briefly describe an innovative/creative approach you used while working with a person who has dementia.
3. Why would you like to be a part of this initiative?
4. List the names and phone numbers of references who are familiar with your dementia and caregiver training experience. (Minimum 2)



5. Please attach a current resume.
6. Please attach your preliminary training calendar for one year beginning June 2000 including possible dates, locations, and target audience for your training sessions.
7. Select your target audience and indicate the estimated number of persons you could train in a year's time.

#	#
___ Other Best Friends Trainers	___ Family Members
___ Administrators	___ Case Managers
___ Direct Care Staff	___ Others: _____

8. Do you need a copy of *The Best Friends Approach to Alzheimer's Care*?

☐ Yes

☐ No

#### APPLICATION REVIEW AND SELECTION PROCESS

- SDSD Best Friends selection committee will review all applications
- Applicants will be notified by April 20, 2000

Your signature constitutes agreement to adhere to the core curriculum as developed, to work in cooperation with local SDSD/AAA offices, and to conduct negotiated trainings you specified.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# MEMO

To: Linda Nickolisen  
Best Friends Team  
Subject: Recommendation for Best Friends Master Trainer  
From: \_\_\_\_\_  
Office: \_\_\_\_\_  
Date: \_\_\_\_\_

The following individual is recommended as a candidate for the Best Friends Master Trainer Seminar scheduled May 8, 9, and 10, 2000.

Candidate's name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_